استعن بالله ولا تعجز

TOXICOLOGY QUESTIONS

1. MCQ of final exams
2. Chaptered arranged Short essay questions.
3. Cases(problems)

3rd edition (2012 – 2013)

طلاب الاخوان المسلمين – أسرة بناء – كلية الطب جامعة الأسكندرية

استعن بالله ولا تعجز

الجيوب الفارغة لم تمنع احدا من ادراك النجاح بل العقول
الفارغة و القلوب الخاوية هي التي تفعل

1st PART

MCQs OF FINAL EXAMS

- SEMI-ANSWERED -

طلاب الاخوان المسلمين – أسرة بناء – كلية الطب جامعة الأسكندرية

GENERAL

1. **Pa CO2 > 45 mmHg indicates:**
   a. Metabolic acidosis.
   b. Respiratory acidosis.
   c. Metabolic alkalosis.
   d. Respiratory alkalosis

2. **All of the following statements about alkaline diuresis are correct except:**
   a. It is done in poisoning with weak acidic drugs.
   b. It is done by giving sodium bicarbonate I.V.
   c. Hyperkalemia is a serious risk.
   d. Check for acid-base status (pH, bicarbonate) is mandatory.

3. **Serum bicarbonate (HCO3) < 24 mEq/L indicates:**
   a. Metabolic acidosis.
   b. Respiratory acidosis.
   c. Metabolic alkalosis.
   d. Respiratory alkalosis.

4. **All the following statements about hemoperfusion are correct except:**
   a. It is more effective in poisons that are highly bound to plasma protein.
   b. Systemic anticoagulant should be given with it.
   c. It is indicated in renal insufficiency.
   d. It can cause hemorrhage and hypotension.

5. **All of the following are screening tests used in toxicological analysis except:**
   a- Colour test.   b- TLC.   c- GC.   d- EMIT.

6. **All of the following statements about peritoneal dialysis are correct except:**
   a- It is less effective than hemodialysis.
   b- It causes water and electrolyte imbalance.
   c- The dialyzing membrane is made of activated charcoal.
   d- Intestinal perforation and peritonitis are of its common complications.

7. If Pa CO2 is 30 mmHg, this indicates:
a. Metabolic acidosis.
b. Respiratory alkalosis.
c. Metabolic alkalosis.
d. Respiratory acidosis.

8. All of the following statements about hemoperfusion are correct except:
a. It is more effective in poisons that are highly bound to plasma proteins.
b. Systemic anticoagulant should not be given with it.
c. The adsorbent surface is activated charcoal.
d. It can cause haemorrhage and hypotension.

9. The only role of activated charcoal in treatment of acute poisoning is:
a. Induce emesis.
b. Provide laxative effect.
c. Adsorb the poison from GIT.
d. Coat the gastrointestinal tract.

10. All of the following statements about alkaline diuresis are correct except:
a. It is done in poisoning with weak acidic drugs.
b. It is done by giving sodium bicarbonate I.V.
c. Hyperkalemia is a serious risk.
d. Check for acid-base status (pH, bicarbonate) is mandatory

11. ………………. is a serious risk with alkaline diuresis.
a. Hypokalemia
b. Hyperkalemia
c. Hyponatemia
d. Hypernatemia

12. Characteristics of dialyzable poison:
a. Low molecular weight & Low lipid solubility
b. High molecular weight & High water solubility
c. Low molecular weight & low water solubility
d. High molecular weight & Low lipid solubility

"أنا اسير ببطء ولكني لا أسير أبداً على الخلف" ابرهام لينكون رئيس امركي

CORROSIVES

1. **All the following statements are true about corrosive poisoning except;**

a. It is usually accidental in children
b. On ingestion there is vomiting, diarrhea and severe burning pain
c. On inhalation, onset of respiratory symptoms is early
d. In alkali skin burns, decontamination can take hours

2. **Gastric lavage can be done in all of the following except:**

a. Carbolic acid
b. Caustic potash
c. Oxalic acid
d. Hydrogen cyanamide

3. **Coagulative necrosis of the stomach is caused by:**

a. Potassium carbonate
b. Calcium hydroxide
c. Nitric acid
d. Ammonia

4. **Liquefactive necrosis of the esophagus is caused by:**

a. Hydrofluoric acid
b. Sodium bisulfate
c. Sodium hydroxide
d. Oxalic acid

5. **The initial management of an adult patient who has ingested a large volume of a strong acid should include all of the following except:**

a. Give about 150 ml of milk if the patient can drink
b. Inspect and secure the airway
c. Instill sodium bicarbonate to neutralize any remaining acid
d. Give analgesics (morphine) to relieve pain

6. **All of the following are recommended following a large ingestion of a strong alkali except:**

a. Administer milk immediately if the patient can swallow
b. Attempt to pass a small lavage tube to aspirate gastric contents
c. Inspect and secure the airway
d. Administer corticosteroids and a broad spectrum antibiotic

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7. **All the following statements about carbolic acid (phenoare correct except:**
a. Systemic absorption can result in CNS stimulation including seizures
b. It can cause coagulation necrosis of the stomach
c. Treatment includes a strong analgesic
d. An ECG performance is essential in its management

8. **All of the following are remote effects of carbolic acid except:**
A. Tremors and convulsions
B. Metabolic alkalosis
C. Renal damage
D. CNS depression

9. **All the following statements about oxalic acid toxicity are correct except:**
a. Serum non-ionized calcium level is diminished
b. Carpopedal spasm is a serious manifestation
c. Renal failure can occur
d. Calcium is given through all routes

10. **A 2 year old girl took concentrated sulphuric acid and then she developed restlessness and hypotension. The best line of management is**
a. Put Ryle's tube and antidote
b. Intubation and antidote
c. Observation IV fluid and sedation
d. Gastric lavage

11. **Gastric lavage can be done in all of the following except:**
a. Carbolic acid
b. Caustic potash with soda
c. Oxalic acid
d. Sulphuric acid

12. **Gastric decontamination is indicated all of the following except:**
a. Carbolic acid
b. Oxalic acid
c. Nitric acid
d. Hydrogen cyanamide

13. **Severity of tissue injury from acids and bases is determined by:**
1. ……………………………………
2. ……………………………………
3. ……………………………………

14. In a case of corrosive poisoning; presence of abdominal guarding, rebound tenderness, and diminished bowel sounds is an indicator of ………………..

15. True or False:

- In alkali ingestion the esophagus involved in <20% of cases
- In acid ingestion the stomach is involved in only 20% of cases
- In corrosive poisoning we give excessive amount of milk or water for dilution
- Do not give carbonated beverages in alkali ingestion
- Avoid emesis and gastric lavage in corrosive poisoning but give activated charcoal

VOLATILE

1. **The pathophysiology of Kerosene poisoning includes all the following except:**
   a- Interstitial pulmonary inflammation.
   b- Alveolar oedema.
   c- Cardiomyopathy.
   d- Bronchospasm.
2. **Management of Kerosene poisoning includes all the following except:**

a. Oxygen.
b. Activated charcoal.
c. Antibiotics.
d. Corticosteroids.

ALCOHOLS

1. **In methyl alcohol poisoning, CNS depression, optic nerve atrophy and cardiac depression are due to**

a. Formaldehyde and formic acid
b. Acetaldehyde
c. Acetic acid
d. Pyridine

2. Hypotension in acute ethanol toxicity is due to:
a. cardiomyopathy
b. fluid loss
c. autonomic imbalance
d. both a & b
e. both b & c

3. Hypoglycemia in acute ethanol toxicity is due to:
a) lactate overproduction
b) fatty liver
c) NAD depletion
d) All of the above

4. In acute ethanol toxicity the following are present except:
a) hypotension
b) hypothermia
c) hypoglycemia
d) bradycardia

5. In ethanol withdrawal, the following are present except:
a) hyperreflexia
b) tachycardia
c) hallucination
d) hypotension

6. Ethanol withdrawal
a) may lead to hyperreflexia
b) has symptoms dependant on duration of drinking
c) is not affected by hypokalemia
d) non of the above

7. In acute ethanol toxicity all of the following are present except:
a) Hypothermia.
b) Metabolic acidosis.
c) Nystagmus.
d) Hyperglycemia.

قال أحد الحكماء :

ليس لثلاث حيلة : فقر يخالطه كسل ، وخصومة يخامرها حسد ، ومرض يمازجه هرم..

PLANT POISONS

1- All of the following are considered to be symptoms of opioids withdrawal except:
a. Rhinorrhea
b. Elevated blood pressure
c. Fever
d. Yawning

2- The following are miotics except:
a. Heroin
b. Physostigmine
c. Organophosphate
d. Oxalic acid

3- The following have anticholinergic properties except:
a. Antihistamines
b. Tricyclic antidepressants
c. Hyoscine
d. Warfarin

4- Sudden withdrawal of addicting drug can be used except in:
a. Hashish
b. Benzodiazepines
c. Cocaine
d. Heroin

5- Mydriasis, tachycardia, urine retention and dry mucous membranes would be expected with ingestion of the following toxins except:
a. Atropine
b. Tricyclic antidepressants
c. Phenothiazine
d. Amphetamine

عن أبي هريرة ـ رضي الله عنه ـ أن رسول الله صلي الله عليه وسلم قال : ((يقول الله : إذا أراد عبدي سيئة : فلا تكتبوها عليه حتى يعلمها فاكتبوها بمثلها، وإن تركها من أجلي فاكتبوها له حسنة . وإذا أراد أن يعمل حسنة فلم يعملها؛ فاكتبوها له حسنة ، فإن عملها فاكتبوها له بعشر أمثالها، إلى سبعمائة ضعف إلى أضعاف كثيرة)).
رواه البخاري.

6- All the following infectious diseases can complicate opioids abuse except:

a. Aids
b. Tetanus
c. Hepatitis
d. Poliomyelitis

7- Laboratory differentiation between miosis caused by organophosphates and that produced by narcotics is by:

a. Serum choline esterase
b. Liver enzymes
c. Arterial blood gas analysis
d. All of the above

8- Convulsions in strychnine poisoning are due to:

a. Blocking glycine receptors
b. Central stimulation
c. Low ionized calcium level
d. Hypoglycemia

9- Toxic ingestions which may cause hyperthermia include all the following except:

a. Strychnine
b. Salicylates
c. Atropine
d. Opiates

10- Alcohol intoxication can be differentiated from anticholinergic toxicity by the presence of:

a. Flushing
b. Ataxia
c. Blurring of vision
d. Increased sweating

11- All the following intoxicants can cause mydriasis except:

a. Opioids withdrawal
b. Atropine
c. Carbolic acid
d. Strychnine

12- "Cold Turkey" is an expression used to describe the withdrawal signs and symptoms of:

a. Cannabis dependence
b. Opiate dependence
c. Cocaine dependence
d. Barbiturate dependence

13- Moderate cannabis intoxication is characterized by the following EXCEPT:

a. Perceptual accentuation.
b. Orthostatic hypotension.
c. Constricted pupils.
d. Impaired memory.

14- Irreversible effects of long term use of cannabis are the following EXCEPT:

a. Cerebral degeneration.
b. Delirium tremens.
c. Carcinogenesis.
d. Infertility.

15- Acute cocaine intoxication is characterized by the following EXCEPT:

a. Pallor and sweating.
b. Hyperthermia.
c. Arrythmias.
d. Dilated fixed pupils.

16- All the following statements about Cannabis are correct except:

a- It causes physical dependence.
b- It causes a mixture of stimulation and depression of CNS.
c- Its active metabolite is tetrahydrocannabinol.
d- It causes psychic dependence.

قال المجربون !!!

طرحت إحدى الصحف البريطانية سؤالا مفاده : ما المال ؟
فكانت الإجابة الفائزة : المال جواز سفر عالمي يمكن لحامله السفر إلى أي مكان ماعدا السماء وهو يجلب أي شي ماعدا السعادة.

17- The pupils in acute Cocaine intoxication are:
a. pinpoint
b. normal
c. fixed dilated
d. Dilated reactive.

18- The eye signs in Cannabis intoxication is:
a. Constricted pupils.
b. Increase intraocular pressure.
c. Corneal anaesthesia.
d. Conjunctival congestion.

19- The mechanism of action of Cocaine is due to:
a. Decrease the release of norepinephrine.
b. Supersensitivity of the receptors to epinephrine and norepinephrine
c. Opposing GABA at presynaptic sites
d. Peripheral vasodilatation.

20- The stimulation phase of anticholinergic toxidrome includes all of the following except:
a. Toxic psychosis.
b. Irregular, slow respiration.
c. Tremors and convulsions.
d. Ataxia and in-coordination.

21- Indications of physostigmine in treatment of anticholinergic toxidrome are all of the followings except :
a. Severe hallucination .
b. Brady-arrhythmia.
c. Convulsions not responding to anticonvulsants.
d. Stupor and coma.

22- One of the peripheral effects of anticholinergic toxidrome is:
a- Hypotension.
b- Tachycardia.
c- Hypothermia.
d- Diarrhea.

23- Contraindications of physostigmine in treatment of anticholinergic toxidrome are all the following except:

a. Bronchial asthma.
b. Gangrene.
c. Intestinal obstruction.
d. Convulsions

24- Cocaine dependence is characterized by the following EXCEPT:

a. Physical dependence.
b. Strong craving.
c. Psychic dependence.
d. Withdrawal depression.

25- Hallucinations in cocaine dependence are mainly:

a) Visual.
b) Auditory.
c) Tactile.
d) All of the above.

26- Characteristics of cocaine dependence are the following EXCEPT:

a) Delirium and dementia.
b) Encephalitis hemorrhagica.
c) Paranoid delusions.
d) Convulsions.

27- Which of the following mechanism of action is the most widely accepted in digoxin toxicity :

a- The decrease in myocardial oxygen consumption .
b- Paralysis of cytochrome oxidase enzyme .
c- The inhibition of Na – K – ATPase enzyme.
d- The decrease in A – V conduction .

28- True or False:

a. Delivered infants to morphine dependant mothers may present with tremors, a high pitched cry, and convulsions

b. Naloxone is a mixed narcotic agonist-antagonist

c. Lilliputian hallucinations indicate anticholinergic toxicity

d. 0Cold turkey is an expression of morphine dependence

e. Physostigmine salicylate is the antidote of anticholinergic poisons

f. Rhabdomyolysis is a complication of strychnine poisoning

g. Perforated nasal septum occurs in morhine dependence
h. Vial hepatitis may complicate morphine dependant persons
i. In head injury the best analgesic is morphine
j. Atropine is the best respiratory stimulant in acute morphine poisoning
k. Morphine can be used as a sedative for agitation of atropine toxicity
l. Physostigmine salicylate is contraindicated in vascular disease (gangrene)
m. Tolerance to narcotics develops due to increased activity of hepatic microsomal enzymes
n. Pinpoint pupils and diarrhea are present in acute morphine poisoning
o. Physostigmine is a cholinesterase inhibitor.

ANALGESICS, ANTIPYRETICS

1. Metabolic acidosis in salicylate overdose is due to all the following except:
a. Increase excretion of bicarbonate.
b. Enhancement of glucose 6- phosphatase activity.
c. Interference with Kreb`s cycle.
d. Vomiting and dehydration.

2. The role of alkalinization of urine in salicylate overdose is :
a. To treat metabolic acidosis.
b. To prevent the reabsorption of the drug at the renal tubules.
c. To treat renal failure .
d. To treat dehydration .

3. The main line of treatment in paracetamol overdose is ;
a. Hemodialysis.
b. Antidote therapy.
c. Hemoperfusion.
d. Fluid replacement.

"جدد حياتك , ونوع أساليب معيشتك , وغير من الروتين الذي تعيشه." عائض القرني

4. Hepatic failure in paracetamol overdose is due to:
a. Metabolic acidosis.
b. Direct action of the drug.
c. The action of its metabolite.
d. Vomiting and dehydration.

5. The action of N-acetylcystein (NAC) is to :
a. Bind to paracetamol.
b. Prevent its absorption.
c. Act as a glutathione substitute.
d. Help excretion of paracetamol.

6. Early respiratory alkalosis in salicylate overdose is due to:
a. Inhibition of respiratory center.
b. Hyperventilation and decrease PCO2.
c. Vomiting and dehydration.
d. Hypoglycemia.

7. Repeated doses of activated charcoal (gut dialysis) is indicated in salicylate overdose because :
a. It is an acidic drug.
b. It has enterogastric circulation.
c. It causes pylorospasm.
d. It causes metabolic acidosis

8. Mucomyst must be given in paracetamol overdose within:
a. 4- 8 hours
b. 8-10 hours.
c. 4- 6 hours.
d. 6- 8 hours.

Barbiturates

1. **Causes of shock in barbiturates overdose is all the following except:**
 a- Depression of cerebral cortex.
 b- Depression of myocardium.
 c- Depression of vasomotor center.
 d- Inhibition of vascular smooth muscle tone.

2. **Coma due to barbiturate overdose is characterized by all the following except:**
 a- Hypotension.
 b- Cyanosis.
 c- Hyperthermia.
 d- Slow and shallow respiration.

3. **Increasing excretion of short acting barbiturates can be done by:**
 a. Hemodialysis .
 b. Alkalinization of urine.
 c. Hemoperfusion .
 d. Osmotic diuresis.

4. **Long acting barbiturates are characterized by the following except:**
a. They are rapidly metabolized in the liver.
b. They are less lipid soluble.
c. They are mostly ionized.
d. They are less plasma proteins bound.

5. **Causes of shock in barbiturates over dose is all the following except:**
a. Depression of cerebral cortex.
b. Depression of myocardium.
c. Depression of vasomotor center.
d. Inhibition of vascular smooth muscle tone.

6. **GIT manifestations of barbiturates overdose include all the following except:**
a. Constipation.
b. Paralytic ileus.
c. Vomiting.
d. Diminish emptying time.

7. **Short acting barbiturates are characterized by all of the following except:**
a. They are highly protein bound.
b. They are highly lipid soluble.
c. They are mostly ionized.
d. They are rapidly metabolized by the liver.

8. - Mark true (T) or false (F):
Hemodialysis is highly effective in elimination of short acting barbiturates.

C.N.S. Stimulants

1. **Amphetamines induce their CNS stimulating action by causing the release of the following except:**
   a- Epinephrine.
   b- Norepinephrine.
   c- GABA.
   d- Dopamine.

2. **The neurotransmitter(s) released in amphetamine overdosage:**
a- Endorphins
b- Catecholamines.
c- Serotonin.
d- GABA.

3. **Manifestations of acute amphetamine overdose include the following except:**
a- Hyperthermia.
b- Cardiac arrhythmia.
c- Hypotension.
d- Convulsions.

4. **Clinical picture of acute amphetamine overdose include the following except:**
a- Acute toxic psychosis.
b- Cardiac arrhythmia.
c- Hypertension.
d- Constricted pupils.

5. **Amphetamine psychosis is characterized by the following except:**
a- **Hallucinations**.
b- Euphoria.
c- Illusions.
d- Delusions of persecution.

6. **Amphetamine psychosis is caused by:**
a- Deaminated metabolites.
b- Hydroxylated metabolites
c- Deaminated and hydroxlated metabolites.
d- Non-metabolized amphetamine.

7. **Clinical picture of acute amphetamine overdose include the following Except:**
a- Hypertension.
b- Cardiac arrhythmia.
c- Hypotension.
d- Dilated pupils.

8. **Lines of treatment of acute amphetamine overdose include the following Except:**
a- Emesis.
b- Hemoperfusion.
c- Gastric lavage.
d- Beta-blockers.

9. **Decontamination in the treatment of theophylline toxicity includes the following except:**
a- Gut dialysis.
b- Emesis.
c- Use of charcoal and cathartics.
d- Gastric lavage.

10. **Metabolic manifestations of theophylline toxicity include the following except:**
a- Metabolic acidosis.
b- Respiratory alkalosis.
c- Hypokalemia.
d- Hypoglycemia.

"عندما ينتزع الراعي شاة من ذئب فإن الشاة تعده بطلا أما الذئب فيعده دكتاتورا" وليم لينكن

11. Manifestations of acute theophylline toxicity include the following Except:

a- Hypotension.
b- Cardiac arrhythmia.
c- Hypertension.
d- Convulsions.

12. Lines of treatment of acute theophylline overdose include the following Except:

a- Emesis.
b- Hemoperfusion.
c- Gastric lavage.
d- Beta-blockers.

13. Mark true (T) or false (F):

a. Amphetamines induce their CNS stimulating action by causing the release of GABA
b. Amphetamine psychosis is caused by non-metabolized amphetamine.
c. Methamphetamine is synthesized from ephedrine by the reduction method.
d. Hypertension is a manifestation of acute theophylline toxicity.
e. Hemoperfusion is the definitive treatment for theophyllline intoxication.
f. Emesis is the preferred method of decontamination in treatment of acute theophylline toxicity
g. Osmotic diuresis is indicated to help excretion of theophylline

14. Complete :

- …Hemoperfusion…………..is an effective method of enhancing the elimination of theophylline.

h. Complete :

- Manifestations of acute SEVERE amphetamine overdose include : a)………………….., b)…………………, and c) ………………………………..

15. Match:

a- Manifestations of acute amphetamine overdose include
b- Manifestations of acute theophylline overdose include

( ) Hypotension and arrhythmias.
( ) Constricted pupils and convulsions.
( ) Hypertension and arrhythmias.
( ) Hypothermia

Antipsychotic drugs

1. Torticollis is a sign of:
a. Benzodiazepines toxicity
b. Phenothiazine toxicity
c. Phenothiazine withdrawal
d. Benzodiazepines withdrawal

2. In Phenothiazine toxicity Parkinsonian syndrome due to:
a. Decreased dopamine at Limbic system.
b. Decreased dopamine at Basal ganglion.
c. c-Increased dopamine at Limbic system
d. Increased dopamine at Basal ganglion.

3. ………………. is a serious risk with alkaline diuresis.
a. Hypokalemia
b. Hyperkalemia
c. Hyponatemia
d. Hypernatemia

4. Characteristics of dialyzable poison:
a. Low molecular weight & Low lipid solubility
b. High molecular weight & High water solubility
c. Low molecular weight & low water solubility
d. High molecular weight & Low lipid solubility

5. Dystonia occurs in :
a- Benzodiazepines toxicity.
b- Phenothiazine toxicity.
c- Phenothiazine withdrawal.
d- Benzodiazepines withdrawal

6. In Phenothiazine toxicity α- adrenergic blocking result in :
A- Hypotension & pin point pupil
B- Hypertension & pin point pupil
C- Hypotension &dilated pupil.
D- Hypertension & dilated pupil.

أبسط وجهك للناس تكسب ودهم , وألن لهم الكلام يحبوك , وتواضع لهم يجلوك انظر إلى من هو دونك في الجسم والصورة والمال والبيت والوظيفة والذرية لتعلم أنك فوق ألوف الناس .

7. Parkinsonism in Phenothiazine toxicity is due to :
a- Decreased dopamine at Limbic system.
b- Decreased dopamine at Basal ganglion.
c- Increased dopamine at Limbic system
d- Increased dopamine at Basal ganglion.

8. Akathisia is feeling of restlessness in :
a- Benzodiazepines toxicity.
b- Phenothiazine toxicity.
c- Phenothiazine withdrawal.
d- Benzodiazepines withdrawal

9. Cogentine is the antidote of
a- Phenothiazine toxicity.
b- Benzodiazepines toxicity.
c- TCAs toxicity.
d- Barbiturates toxicity.

10. Phenothiazines are:
a. Highly lipophilic so hemodialyses are ineffective.
b. Highly hydrophilic so hemodialyses are ineffective.
c. Highly lipophilic so hemodialyses are effective.
d. Highly hydrophilic so hemodialyses are effective.

11. Tardive dyskinesia in Phenothiazines toxicity means:
a. Feeling of restlessness.
b. Stereotyped involuntary movements.
c. Tonic spasm of the muscles.
d. Slowness of movements.

12. Amelioration of psychotic symptoms in Phenothiazines toxicity.
a. Decrease dopamine at Limbic system.
b. Decrease dopamine at Basal ganglion.
c. Increased dopamine at anterior pituitary.
d. Increased dopamine at Basal ganglion.

" اللهم إني أعوذ بك من الهم والحزن ، والعجز والكسل والبخل والجبن وضلع الدين وغلبة الرجال ".

13. Chlorpromazine coma is characterized by the following EXCEPT:
   a. Hypotension.
   b. Hyperthermia
   c. Cardiac arrhythmia.
   d. Pin point pupils.

14. Sedation & hypnosis in Benzodiazepines toxicity
   a. Stimulation of gamma-aminobutyric acid (GABA) release.
   b. Inhibition of gamma-aminobutyric acid (GABA) release.
   c. Stimulation of glycin release.
   d. Inhibition of glycin release.

15. All the following statements about tricyclic antidepressants are correct except:
   a. They are mostly excreted unchanged in urine.
   b. They are highly bound to plasma protein.
   c. They have enterohepatic circulation.
   d. They have anticholinergic effects.

16. Coma due to severe poisoning with neurolyptics is characterized by all the following except:
   a. Hypertension.
   b. Hypothermia.
   c. Cardiac arrhythmia.
   d. Pin point pupils.

17. The mechanism of action of benzodiazepines is:
a. Blocking of dopamine receptors.
b. Stimulation of GABA release.
c. CNS stimulation.
d. Blocking of anticholinergic receptors.

18. All the following are correct about TCAs except:
a. They have quinidine like action.
b. They are used in treatment of nocturnal enuresis.
c. They have anticholinergic action.
d. They produce hypertension.

19. Delayed absorption of TCAs is due to:

a. Its anticholinergic effect.
b. Its sedative effect.
c. Blocking the reuptake of neurotransmitters at the presynaptic terminals.
d. Its quinidine like action.

20. Cardiovascular manifestations of TCAs overdose include all the following except:

a. Wide QRS complex.
b. Depression of T segment.
c. Hypotension.
d. Sinus bradycardia.

21. All the following are correct about SSRIs except:

a. They inhibit the reuptake of dopamine at presynaptic terminal.
b. They may cause serotonin syndrome.
c. They may induce arrhythmia and hypotension.
d. Some of them have active metabolites.

Rodenticides

1. Characteristics of zinc phosphide rodenticide intoxication are the following EXCEPT:

a) Ataxia.
b) Hypercalcemia.
c) Hypotension.
d) Pulmonary edema.

2. Characteristics of zinc phosphide rodenticide intoxication are the following EXCEPT:

a) Hypocalcemia.
b) Arrythmia.
c) Garlic odor of breath.
d) Pulmonary edema.

3. Lines of treatment in zinc phosphide poisoning include all of the following except :

a- Activated charcoal.
b- Sodium bicarbonate.
c- Ca gluconate.
d- Vitamin K.

Pesticides

1. **Toxicity of organophosphates can be graded according to :**
   a. The clinical picture.
   b. The inhibition of cholinesterase activity
   c. The level of organophosphate.
   d. The response to oximes treatment.

.

2. **Manifestations of organophosphate poisoning include all the following except:**
   a. Diarrhea.
   b. Medriasis.
   c. Lacrimation.
   d. Excessive salivation.

3. **All the following are muscarenic manifestations of organo-phosphate poisoning except:**
   a. lacremation.
   b. Muscle fasciculation.
   c. Salivation.
   d. Diaphorisis.

4. **One of the nicotinic effect of organophosphorus insecticide is:**
   a. hypotension.
   b. Miosis.
   c. Muscle fasiculations.
   d. Lacrimation.

Food poisoning

1. All of the following is true about botulinum toxin except:
a) It is a neurotoxin
b) Produced by ram negative organism
c) Produced by spore forming organism
d) Produced by anaerobic organism

2. All of the following is true about botulism except:
a) There are 8 serological types
b) Applied proximal to the bite
c) Toxin is elaborated in the intestine
d) Caused by uncooked, salted fish

3. All of the following is true about the mechanism of action of botulism except:
a) Has a curare like action
b) Impairs the presynaptic release of acetylcholine
c) Toxin binds reversibly to the neuromuscular junction
d) Due to preformed toxin

4. Cases of botulism present with the following except:
a) Dry mouth
b) Fever
c) Abdominal pain
d) Constipation

5. Cases of botulism neurotoxicity present with the following except:
a) Asymmetrical muscle weakness
b) Bilateral muscle weakness
c) Descending muscle weakness
d) Squint

6. Cases of botulism present with the following except:
a) Dry mouth
b) Diarrhea
c) Abdominal pain
d) Dysphagia

7. Cases of botulism present with the following except:
a) Diaphoresis
b) Dysarthria
c) Dysphagia
d) Dysphonia

8. The GIT manifestations of food born botulism are all of the following except:
a. Dry mouth.
b. Diarrhea
c. Abdominal pain.
d. Dysphagia.

9. True (T) or False(F):
a. Botulism food poisoning is due to toxins elaborated in the intestine.
b. Botulism food poisoning is due to ingestion of preformed toxins.
c. Botulinum antitoxin is the most important line of treatment of cases of botulism.
d. Botulinum toxin is a potent neurotoxin.
e. Botulinum toxin is a potent cardiotoxin.
f. Botulinum toxin is heat stable.
g. Botulinum toxin is heat labile.
h. Stapylococcal enterotoxin is heat stable.
i. Stapylococcal enterotoxin is heat labile.

بناء
جيل يبني و وطن ينهض
انفع غيرك
بناء ــــ إخاء

Animal Poisons

1. **Venomous snakes are characterized by all of the following except:**

a) Triangular or diamond shaped heads
b) Elliptical pupils
c) Double row of scales behind the anal plate
d) Easily identified fangs

2. **All of the following is true about the application of a tourniquet in the treatment of venomous snake bites except:**

a) It is a loose tourniquet
b) Applied proximal to the bite
c) Antivenin should be given after it is removed
d) Applied to stop lymphatic spread of the venom

3. **All of the following is true about the incision in “cut and suck” technique used in the treatment of venomous snake bites except:**

a) They are parallel to each other
b) Above the fang marks
c) Along the transverse axis of the limb
d) Deep in the subcutaneous tissue and fascia

4. **All of the following is true about the use of antivenin in the treatment of venomous snake bites except:**

a) Skin testing for sensitivity is mandatory before use
b) Given as intravenous infusion
c) Given before removal of tourniquet
d) Best administered after 24 hours

5. **True (T) or False(F):**

a) Antivenin should be given after the removal of tourniquet in venomous snake bites.
b) The most important line of treatment of venomous snake bites is the administration of antivenin.
c) A “dry bite” is a bite that indicates that venom has been delivered.
d) Antivenin should be given before the removal of tourniquet in venomous snake bites.
e) A “dry bite” is a bite that indicates that no venom has been delivered.
f) Coagulopathy and neurological manifestations may be present in severe snake envenomations.

Drug Depedence

1. **Physical dependence does not occur in:**
a) Sedatives hypnotics.
b) Alcohol.
c) Hallucinogens.
d) Opioids.

2. **Physical dependence occurs in all the following drugs except:**
a) Opiates.
b) Hallucinogens.
c) Alcohols.
d) CNS depressant.

3. **The primary neurotransmitter of the reward pathway is:**
a) Serotonin.
b) Glutamate
c) Nicotine
d) Dopamine.

4. **Reward pathway acting through the following except**
a) Nucleus accumbens
b) Ventral tegmental area
c) Amygdale
d) Parietal cortex.

5. **All the following statements about cannabis are correct except:**
a) It causes physical dependence.
b) It causes a mixture of stimulation and depression of the CNS.
c) Its active metabolite is tetrahydrocannabinol.
d) It causes psychic dependence.

6. **Opioids have depressant effects on the following sites in CNS except:**
a) Cerebral cortex.
b) Heat regulating center.
c) Vagus nucleus.
d) Cough center.

"كَلِمَتَانِ خَفِيفَتَانِ عَلَى اللِّسَانِ ثَقِيلَتَانِ فِي الْمِيزَانِ حَبِيبَتَانِ إِلَى الرَّحْمَنِ : سُبْحَانَ اللَّهِ ، وبِحَمْدِهِ سُبْحَانَ اللهِ الْعَظِيمِ"

DOPING IN SPORTS QUESTIONS

1. **Prohibited classes of substances include the following except:**
    a. Narcotics
    b. Diuretics
    c. Hypoglycemics
    d. Peptide and glycoprotein hormones

2. **Prohibited methods include the following except:**
    a. Chemical manipulation
    b. Blood doping
    c. Physical manipulation
    d. Intake of carnitine

3. **Stimulants lead to:**

a) Decreased cardiovascular activity
b) Increased muscle fatigue
c) Enhanced aggression and competitiveness
d) Inhibition of the nervous system

4. **Narcotics are used in doping in order to:**
    a. Enhance performance
    b. Reduce pain
    c. Increase cardiovascular activity
    d. Reduce fatigue

5. **Anabolic androgenic steroids include the following except:**
    a. Nandrolone
    b. Oxandrolone
    c. Prednisone
    d. Testosterone

6. **Side effects of anabolic steroids include:**
    a. Infertility
    b. Falling of hair
    c. Diminished growth
    d. All of the above

7. **Peptide hormones used in doping include the following except:**
    a. Human chorionic gonadotropin
    b. Human growth hormone
    c. Erythropoietin
    d. Thyroxin

8. **Erythropoietin leads to the following except:**
    a. Increased packed cell volume
    b. Improved oxygenation of blood
    c. Increased blood circulation
    d. Enhanced oxygen delivery to tissues

9. **TRUE OR FALSE**
    a. Peptide hormones are distinguishable from the body's natural hormones
    b. Abuse of erythropoietin can lead to myocardial infarction
    c. Soda doping diminishes the half life of amphetamines thus diminishing their toxicity

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عن أبي هريرة ـ رضي الله عنه ـ عن النبي صلي الله عليه وسلم : ((أن رجلاً زار أخاً له في قرية أخري، فأرصد الله له على مدرجته ملكاً فلما أتي عليه قال: أين تريد؟ قال : أريد أخاً لي في هذه القرية. قال : هل لك عليه من نعمة تربها؟. قال: لا ، غير أني أحببته في الله عز وجل. قال : فإني رسول الله إليك ، بأن الله قد أحبك كما أحببته فيه)). رواه مسلم.

عندما كنت صغيرا لاحظت ان تسعا من كل عشرة
أشياء اقوم بها تخفق لذا قمت بعشرة أضعاف ما
توجب علي عمله

2nd PART

SHORT ESSAY OF FINAL EXAMS

- NOT ANSWERED -

general

Give short account on

- Gut dialysis.
- Hemodialysis.

- Enumerate the types of dialysis you know? Mention the idea of one type only and its indication and contraindication?

crososives

Give a short account on:

- The therapeutic regimen to be followed after corrosive ingestion.
- The clinical picture of carbolic acid poisoning.
- The clinical picture of oxalic acid poisoning.
- The management in a case of carbolic acid ingestion.
- The management in a case of oxalic acid ingestion.

Metallic Poisoins

- Explain the pathophysiology of shock in arsenic poisoning.
- Describe the clinical picture of acute elemental mercury poisoning.
- Outline the clinical picture of acute exposure to elemental mercury vapour.
- Describe the clinical picture of acute inorganic mercury poisoning.
- Name mercury chelator/s (including dose/s and route/s of administration)
- Describe the laboratory investigations in cases with arsenic poisoning.
- Name arsenic chelator/s (including dose/s and route/s of administration).

COOMMON Q: Inv. of acute lead poison

Toxic Gases

- Manage a case of chlorine poisoning?
- What are the major path physiologic mechanisms involved in CO poisoning?

Alcohol

- Mention nervous and mental disorders in ethanol toxicity.
- Manifestations of Korsakoff’s psychosis
- Manifestations of Wernickes encephalopathy.
- Mention manifestations of delirium tremens in ethanol toxicity.
- Methyl alcohol antidotes.
- Differences between folic acid and folinic acid in treating methanol toxicity.
  - (Including doses and routes of administration)
- Differences between ethanol and 4- methyl pyrazol in treating methanol toxicity.
- Indications of haemodialysis in methanol toxicity.
- Mention psychiatric syndromes in chronic alcoholism.
- Treatment of Methyl alcohol poisoning.
- Management of ethyl alcohol poisoning.
- Clinical picture of Methyl alcohol withdrawal.
- Explain the pathophysiology of ocular manifestations in methyl alcohol toxicity.
- Pathophysiology of Methyl alcohol poisoning
- Explain the pathophysiology of metabolic acidosis in methyl alcohol poisoning .
- Clinical picture of Methyl alcohol poisoning
- Treatment of chronic ethyl alcohol poisoning.
- Name the toxic metabolite/s of methyl alcohol.
- Name the toxic metabolite/s of ethyl alcohol.
- Enumerate:

I- Enumerate the main pathological effects of Methyl alcohol
II- Enumerate the mental disorders in ethyl alcohol dependence
III-Enumerate the indications of haemodialysis in treatment of methyl alcohol toxicity.
IV- Enumerate symptoms of moderate and major withdrawal in ethyl alcohol dependence.

Poisonous Plants

- Describe the psychologic and neurological manifestations of moderate cannabis intoxication.
- Describe the characteristics of severe acute cannabis intoxication.
- Identify the irreversible effects of long term use of cannabis.
- Explain the mechanism of action of cocaine.
- Describe the treatment of acute cocaine intoxication.
- Describe the characteristics of cocaine dependence.
- Mention the CNS effects of cocaine dependence.
- Mention the pathophysiology of strychnine
- Describe the clinical picture of opioids dependence.
- Explain the pathophysiology of constipation in acute opiate poisoning.
- Name the important lines of treatment of life-threatening convulsions in strychnine poisoning.
- Enumerate the indications of Physostigmine in atropine poisoning
- Enumerate the contraindications of Physostigmine in atropine poisoning.
-

Give a short account on:

- Clinical picture of atropine poisoning
- Clinical picture of morphine poisoning
- Clinical picture of withdrawal syndrome of morphine addiction.
- Clinical picture of strychnine poisoning

Difference between:

- Anticholinergic and alcohol poisoning
- Strychnine poisoning and tetanus
- Morphine poisoning and pontine hemorrhage

لا تعبد الله .. لأجل الرزق!..
ولا تعبد الله .. لأجل المنصب!
ولا تعبد الله .. لأجل حظوظك من الدنيا!
... لكن!..
أعبده .. لأن عبادته .. ستوصلك لرضاه!!
و رضاه غايتك .. التى ستأتي لك .. بكل ماتريد!..
من أقوال الشيخ الشعراوي ـ رحمه الله

Analgesics & Antipyretics

- Explain the pathophysiology of salicylate poisoning.
- Describe treatment of salicylate overdose.
- Mention in details lines of treatment of paracetamol overdose.
- Mention the laboratory investigations in paracetamol overdose.
- Explain the cause/s of metabolic acidosis in salicylate poisoning.
- Explain why “gut dialysis” is performed in Salicylate overdose
- Explain the cause/s of increased bleeding in salicylate poisoning.

Complete the following :

1- Pathophysiology of Acetaminophen (Paracetamol)is:
2- Investigations of Salicylate poisoning are:
3- The antidote for Acetaminophen (Paracetamol)is:
(short account includes mechanism of action & dose)
4- Causes of death in Salicylate poisoning are:

CNS Stimulants

- Mention manifestations of acute severe amphetamine overdose.
- Mention lines of treatment of cardiovascular manifestations in acute amphetamine overdose.
- Mention lines of treatment of amphetamine dependence.
- Mention neurological and cardiovascular manifestations of acute amphetamine overdose.
- Enumerate investigations done in acute amphetamine overdose.
- and convulsions.

#Mention the pathophysiology of theophylline toxicity.

- Mention investigations done in acute theophylline overdose.
- Mention the clinical picture of acute theophylline overdose.

psychotropic drugs

1- Extra pyramidal manifestations in Phenothiazines toxicity?
2- Receptors affected in Phenothiazines toxicity?
3- Treatment of Phenothiazines toxicity?
4-Treatment of Benzodiazepine toxicity?
5-Pathophysiology in Benzodiazepine toxicity?.
6- Discuss the Antidote in Phenothiazines and Benzodiazepine toxicity
Name - Mechanism – dose
7-Explain the pathophysiology of tricyclic antidepressant.
8- Describe clinical picture of tricyclic antidepressant overdose.
9-Mention lines of treatment of tricyclic antidepressant overdose.
10- Describe the triad of serotonin syndrome.
11- Describe the manifestation of neuroleptic malignant syndrome.
12- Outline the pathophysiology of tricyclic antidepressants overdose.
13- Outline the laboratory investigations needed in a case of phenothiazine overdose.
14- Explain why “gut dialysis” is performed in TCA overdose

Pesticides

1- Mention the investigations and treatment/management of anticoagulant rodenticide intoxication.
2- Identify the pathophysiology and clinical manifestations of zinc phosphide rodenticide intoxication.
3- Discuss the treatment of zinc phosphide rodenticide intoxication.
4- Explain the pathophysiology of anticoagulant rodenticides.
5- Mention the investigations in anticoagulant rodenticide poisoning.

النجاح يكون من نصيب من تحلوا بالشجاعة ليفعلوا شيئا ,لكنه نادرا ما يكون من نصيب الخائفين من العواقب (جواهر لال نهروا) أول رئيس وزراء هندي بعد استقلال الهند

food poisoning

- What is the pathophysiology of botulism?
- What are the neurological manifestations of botulism?
- Discuss the clinical picture of botulism?
- Discuss investigation of cases of botulism?
- Discuss the treatment of cases of botulisms?

toxic envenomations

- What is the pathophysiology of snake envenomations?
- How can you grade the severity of venomous snake bites?

Drug dependece

1-Outline the pathophysiology of drug dependence and illustrate with one drug you know?
2- Enumerate the common effect of hallucinogens?

Doping in sport

- Define doping
- Enumerate classes of substances used in doping
- Give two reasons for the use of diuretics as a doping agent
- Give reason for the popularity of soda doping in athletes (especially cyclists)
- Enumerate steps for urine analysis in doping in sport.

العنصر الجوهري هو أن تقوم و تتحرك و تفعل شيئا . لدى كثير من الناس أفكار رائعة و لكن القليل منهم يقرر أن ينفذ أفكاره . لا تنتظر للغد لا تنتظر لأسبوع النقبل افعلها الآن فالناجح شخص يفعل لا يؤجل
(نولان باشنيل مؤسس شركة أتاري)

عن أبي هريرة ـ رضي الله عنه ـ قال : قال رسول الله صلي الله عليه وسلم : ((قال الله: أعددت لعبادي الصالحين ما لا عين رأت، ولا أذن سمعت، ولا خطر على قلب بشر، فأقرؤوا إن شئتم: (فَلَا تعلَم نفْس ما أُخفي لَهم من قُرة أَعينٍ)(السجدة: 17) رواه البخاري.

3rd PART

CASES

- NOT ANSWERED -

problem (1)

- 1.Following a quarrel between 2 employees, one of them 40 years old, hit the other till death with an iron bar on his head. Then he set fire in the flat to conceal the crime.

    1) How can you identify the age of the assailant?
    2) What are the possible causes of death?
    3) Describe the postmortem picture of the victim.
    4) Could examination of the head differentiate between traumatic and thermal fractures?

problem (2)

- 2.A 21 year-old mother accused a 16 year-old servant of deliberately scalding her daughter to punish her. The servant stated that the female child was accidentally scalded during taking a bath.

1) How can you verify the age of both the mother and the servant?
2) How can you differentiate between accidental and deliberate scalds?
3) Describe the injury of the daughter.
4) If the child died 2 days later, what would be the possible causes of death?

Problem(3)

- 3.A fire broke out in the flat of an elderly rich. On opening his flat, the man was found dead with severe burns. Medicolegal examination revealed that the cause of death was throttling, and the burn is a postmortem one.

1) Describe the postmortem picture of the man.
2) If the postmortem interval proved to be 3 hours, how can you verify this?
3) What are the possible causes of death?

problem (4)

- 4.An 18 year-old female presented to the ER complaining of thermal injury, she stated that her 30 year-old husband threw her on an ignited stove following a quarrel between them.

1) How can you identify the age of both husband and wife?
2) Describe the thermal injury of the female.
3) Mention the possible remote complications of the injury.

من استصعب عليه أمر

" اللهم لاسهل إلا ماجعلته سهلاً وأنت تجعل الحزن إذا شئت سهلاً ". رواة ابن السني وصححه الحافظ

problem (5)

- 5. A 28 year-old laborer presented to the ER with a severe thermal injury in the face. He accused a 23 year-old fellow of throwing a corrosive liquid on him following a quarrel.

  1) How can you verify the age of both the victim and the assailant?
  2) Describe the injury present in the patient.
  3) What are the expected complications of the injury?

Problem (6)

- A family rushed to ED . The father said that he was trapped by rain in his work , when he returned home late he found that his wife is unconscious , the little boy sitting on the floor and their canary was dead . The 28 years old mother was having a grand mal seizure with moderate respiratory distress , bl p70/110 mm Hg, temp 38 , pulse 116/min, resp36/min . Otherwise the examination was unremarkable.

The 6 years old boy, who was vomited once in the car complained of headache, he was conscious but agitated bl p 60/100, temp 37.2, pulse 110/min, resp 28/min. On examination no visible signs of trauma to the head , all systems were free except for a flame shaped hemorrhage with out papilloedema in the fundus of the eye .

What is the possible diagnosis for such a case /?
What is the possible differential diagnosis?
Enumerate the lines of treatment you will suggest?

Problem (7)

- A cardiac patient on treatment presented to Alexandria Poison Centre with vomiting and disorientation.

On examination: the pulse was 60/minute, B.P.100/60 mmHg, respiration 40/minute, pupils were constricted and there was oedema in the lower limbs.
a- What is the most likely diagnosis?...(**answer…digitalis**)
b- What is the differential diagnosis you should consider?
c- How would you manage the case? (investigations and treatment)

Problem (8)

- A 28-year old divorced female was admitted to the ICU in coma after attempting suicide.

On examination: The patient was in grade II coma. The pulse was 60/minute, B.P.90/60 mmHg, respiration 14/minute and the temperature 36.5ºC. The pupils were miotic, the skin was cold and sweaty and muscle fasciculations were evident.
a- What is the most likely diagnosis?
b- What is the differential diagnosis you should consider?
a- How would you manage the case? (investigations and treatment)

problem (9)

- Adult female was found dead at least ↑3 days before. Cause of death was due to stab wounds in the chest and abdomen. Death was immediate or very rapid with pale hypostasis. How did the expert reach to this opinion to prove this diagnosis from external examination only?

Plan of the answer.
You have to prove the following &mention the cause
1-Age→adult from body built, 2ry sex ch.ch.e.g………and hair is not grey.
2-female→sex ch.ch&bar body if needed.
3-Time passed since birth why 3 days before?
4-Cause of death:
↓ Why these wounds are stab wounds?
↓why the wounds was the cause of death?
↓why they are ante mortum?
↓why death was immediate are very rapid?

Problem (10)

- Female child of nine years old was raped then strandulated by a rope, the body was examined after 12 hours.

A- How can you identify the age of the child?
B-What are the post mortum findings?

Problem (11)

- 20 years old female presented to the E.R.by her family her mother said that bottle of brownish fluid was found beside her, she was drowsy.pale, with characteristic smell from her mouth and clothes no vomiting\E bl.p 100/70.pulse 120/minute, temperature 37° c.conjunctiva showed tinge of jaundice.

a-what is the most probable diagnosis? Why?
b-explain the cause of the jaundice, pallor, and tachycardia in this case?
c-what are investigations you need for this patient?
D-how to treat this patient?

Problem (12)

- 35 years old farmer during working in his farm suffered from dyspnea, drowsiness, profuse sweating, salivation and 2 attacks of spontaneous defecation, was brought to the E.R.by his colleagues, they say that he was working with gloves.O\E.pupil was constricted,bl.p.90/60,ptient is cyanosed, pulse 55/minute, temperature 36.8°c.fasciculation were found in his face, there was urine and stool incontinence.

a-what is your provisional diagnosis?
b-what is the diagnostic investigation? (Or how to prove your diagnosis)
c-what are other investigations you need to evaluate the patient?
d-what are the possible respiratory findings in this case?
If this patient dies what is the possible cause of death?
e-what are the first lines of treatment in this case?

Problem (13)

- 25 years old female tried to commit suicide, she ingested unknown number of analgesic, antipyretic tablets, and she was presented to the E.R.12 hours after ingestion, she vomiting once, without any other symptoms or signs. doctor managed her with induction of emeting and activated charcoal followed by her I.M antiemeting and discharged her.20 hours later, she was brought to the E.R.her husband complaining of right hypochondrial pain and tinge of jaundice, blood sample was withdrawal for liver functions, there was elevated liver enzymes, prolonged prothrombin time and elevated billirubin level.

a-what is the provisional diagnosis? And how to prove it?...(**ans.paracetamol**)
b-how to explain the C\P 12 and 36 hours post ingestion?
c-elevate the initial management of the case (the doctor's management)
d-how to manage this case when she presented for the 2nd time?

Problem (14)

- Family of 4 members including a70 year old man and pregnant female were presented to the E\R.C\O vomiting,headache,and fatigue, the 4 patient showed red face and bl.p range from 100/60-90/50 mmhg

a-what is most probable diagnosis?...(**ans.co)**
b-explain the retrostrnal chest pain of old man?
c-does the pregnant female need special management and why?
D-how to manage this family &what are the possible complications and sequale of this poison?

Note:the following cases are answered but the words may not be apparent because they are embeded images not a written words

1st PART ANSWERS

<table>
<tr><th colspan="10">GENERAL</th></tr>
<tr><td>1</td><td>B</td><td>2</td><td>C</td><td>3</td><td>A</td><td>4</td><td>B</td><td>5</td><td>C</td></tr>
<tr><td>6</td><td>C</td><td>7</td><td>B</td><td>8</td><td>B</td><td>9</td><td>C</td><td>10</td><td>C</td></tr>
<tr><td>11</td><td>A</td><td>12</td><td>A</td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><th colspan="10">CORROSIVES</th></tr>
<tr><td>1</td><td>C</td><td>2</td><td>B</td><td>3</td><td>C</td><td>4</td><td>C</td><td>5</td><td>C</td></tr>
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<tr><th colspan="10">VOLATILE</th></tr>
<tr><td>1</td><td colspan="4">C</td><td>2</td><td colspan="4">B</td></tr>
<tr><th colspan="10">ALCOHOLS</th></tr>
<tr><td>1</td><td colspan="4">A</td><td>2</td><td colspan="4">B</td></tr>
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<tr><th colspan="10">PLANT POISONS</th></tr>
<tr><td>1</td><td>C</td><td>2</td><td>D</td><td>3</td><td>D</td><td>4</td><td>D</td><td>5</td><td>D</td></tr>
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استعن بالله ولا تعجز

بناء
جيل يبني و وطن ينهض

طلاب الاخوان المسلمين – أسرة بناء – كلية الطب جامعة الأسكندرية